U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penaities as provided by 29 U.S.C 439 or 440.

For Official Use Only

_AUG 1 9 2005

Name Gary

1. File Number U- 13098

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

R Manint

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Carpenters & Piledrivers Local Union 1846

4. Name, file number, and address of labor organization.

Labor Organization File Number 029-977

P.O. Box, Building and Room Number, if any

Street 811 N Jeff David		Street	315 South Broad	l Street	
City New Orl	eans	City	New Orleans		
State Louisia	na ZIP Code + 4 70119-3930	State	Louisiana	ZIP Code + 4 70119	
5. Position in labor of	organization. Trustee				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade rame, if any).			7.a. Nature of Interest, Transaction, or Income.		
Name					
Trade Name, if any	y:				
P.O. Box, Bldg., Room No., if any		7			
Street		7.b. Am	ount.		
City				\$0	
State	ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

08/08/2005

Date

504-822-2243

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Name of Persan Filing Gary Manint		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization b. Trust c. Employer				
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a. Nature of such dealing.				
Name			;		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar valu	ne of such dealing.	\$0		
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.		\$0		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	<u> </u>	50		